COMMISSIONER, DEPARTMENT OF HEALTH





Dicense Mr.

DEPARTMENT OF HEALTH

This Is To Certify, that a license is hereby granted by the Tennessee Department of Health to: MEDIC REGIONAL BLOOD CENTER

Medical Laboratory Director_ Ownership Type To conduct and maintain a Medical Laboratory in the Specialty (ies) of CORPORATION THOMAS C. WATKINS, D.O.

BACTERIOLOGY (LIMITED)
ANTIBODY DETECTION TRANSFUSION ANTIBODY IDENTIFICATION ROUTINE CHEMISTRY DIAGNOSTIC IMMUNOLOGY ANTIBODY DETECTION NONTRANSFUSION HEMATOLOGY

ABO GROUP & RH TYPE

COMPATIBILITY TESTING

This license shall expire County of On the premises located at 1601 AILOR AVENUE, KNOXVILLE, TN 37921-6702 FEBRUARY 29

subject to revocation at any time by the State Department of Health for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department regulations thereto. This license shall not be assignable or transferable and shall be This license shall be displayed in a conspicuous place where it may be viewed by the public. The holder of this license is subject to the provisions of T.C.A. Section 68-29-111 and

In Mitness Whereof, we have hereunto set our hand and seal of the State

of Health issued thereunder

this 11TH day of JANUARY 2023 By Jumps 2. Rutury Eug ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION



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